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CONFIRMATION NO. 8214

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10/682,157	10/08/2003 **RULE** 1.47	707	3626	036806.00433

APPLICANTS
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**** CONTINUING DATA ***************************
This appln claims benefit of 60/416,798 10/08/2002 OK - ofa - 8/2/07

**** FOREIGN APPLICATIONS *************************** None - ofa - 8/2/07

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
01/05/2004

Foreign Priority claimed	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
☐ Yes ☒ No 35 USC 119(a-d) conditions met ☐ Yes ☒ No ☐ Met after Allowance Verified and Acknowledged Examiner's Signature Initials	WI	3	20	2

ADDRESS

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TITLE

Method for assimilating and using pharmacy data

FILING FEE RECEIVED	FEES: Authority has been given in Paper	
900	No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit